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Bib Data Sheet

CONFIRMATION NO. 9707

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|--|--|---|----------------------------|--------------------------------------|
| SERIAL NUMBER 10/081,383 | FILING DATE 02/22/2002 RULE | CLASS 607 | GROUP ART UNIT 3737 | ATTORNEY DOCKET NO. S-ACI-002A |
| APPLICANTS John H. Shadduck, Tiburon, CA; <i>verified KDM</i> | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/271,543 02/26/2001 <i>verified KDM</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none KDM</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY .. ** 03/14/2002 | | | | |
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 18 | TOTAL CLAIMS 20 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> | INITIALS <i>KHShadduck</i> | INDEPENDENT CLAIMS 3 | |
| ADDRESS John H. Shadduck 1490 Vistazo West Tiburon, CA 94920 | | | | |
| TITLE Vaso-occlusive implants for interventional neuroradiology | | | | |
| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |